

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

0498633 AV

DOCUMENT # F06897

1. Entity Name
DOMINION HOME SYSTEMS-DIRECT, INC.

04-16-2002 90116 041 ***150.00

Principal Place of Business
3050 N. HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

Mailing Address
3050 N. HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0173717**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, ROBERT W
3050 N. HORSESHOE DR., SUITE 290
NAPLES FL 34104

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO**
 NAME **JOHNSON, ROBERT W**
 STREET ADDRESS **233 9TH AVE S**
 CITY-ST-ZIP **NAPLES FL**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **CEO**
 NAME **RUNDLE, ALLEN**
 STREET ADDRESS **6060 PELICAN BAY BLVD #B-201**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **JOHNSON, ROBERT W JR**
 STREET ADDRESS **11764 QUAIL VILLAGE WAY**
 CITY-ST-ZIP **NAPLES FL 33999**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME **SHUMATE, JOHN P SR**
 STREET ADDRESS **53 DORCHESTER LN STE C**
 CITY-ST-ZIP **WESTERVILLE OH 43081**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Johnson* **4-1-02 941 463-9130**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)